AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: []IXC []CLEC []ILEC []Wireless 241686

			PANY INFORMATION	1202513
Comp	pany Name		FEIN/SSN	E. C. J. C. Synapsys. Park Committee Co. C.
	Line Telemanagement li	nc		
Dba/f	ka		Telephone #	
same				
	ig Address			
	Allstate Parkway			
	State, Zip Code			
	ham,			
	ess Location		O	
	rio, L3R 0P2		<u>Canada</u>	
ار) ity,	State, Zip Code		County	
			ENT INFORMATION	
Regis	tered Agent: Registered	Agent Solutions, Inc		
	g Address: 317 Ruth Vis	sta Rd		
<u>Lexin</u>	gton, SC, 29073			
City, S	State, Zip Code			
uant	to the Commission's r	ules and regulations, p	orint or type company co	ontact for the following ar
٨.	General Manager (In: 905-709-6922		/ shala@goldline.net	
	905-709-6922 Telephone Number	/ / Facsimile Number	/ shala@goldline.net / E-mail Address	if different them above.
	905-709-6922 Telephone Number Customer Relations/	/ / Facsimile Number Complaints Represent /	/ shala@goldline.net / E-mail Address tative (Include Address	if different than above)
	905-709-6922 Telephone Number	/ / Facsimile Number	/ shala@goldline.net / E-mail Address	if different than above)
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<u>In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:</u>

Telephone Number	/ Facsimile Number	/ E-mail Address		
	Al			
Dual Party Mailings	s (Name)			
(Mailing Address)	,	,		
Telephone Number	/ Facsimile Number	/ / E-mail Address		
	T T domino Transcol	TE High Addition		
nterim LEC Fund N	Mailings (Name)			
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Falankana Musekan	/ T	/F 2 A A A		
Telephone Number	/ Facsimile Number	/ E-mail Address		
Jniversal Service F	und Mailings (Name)			
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Telephone Number	/ Facsimile Number	/ E-mail Address		
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Telephone Number	/ Facsimile Number	/ / E-mail Address		
elephone Mumbel	/ racsimile Number	/ E-mail Address		
Lifeline Mailings (Name)				
Mailing Address)				
elephone Number	/ Facsimile Number	/ / E-mail Address /) /		
elebitotie ivatibet		/ E-mail Address		
Shala Yazdani This form was completed by C.F.O.		1 Dhath ///		
		Signature / October 15 2012		
itle		Date		

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Docketing Department Post Office Drawer 11649 Columbia, South Carolina 29211

And Office of Regulatory Staff Attn: Jeanne Gordon 1401 Main Street, Suite 900 Columbia, South Carolina 29201